



Georgia Firefighter Standards and Training Council



Fire Department Information Update Form

This form should be used to notify GFSTC of department changes. This helps ensure the accuracy of our records and deters the possibility of unauthorized changes.

You may complete only the section(s) of this form where changes at the department have occurred. **This document must be signed by the designated person and returned to Georgia Firefighter Standards and Training at 1000 Indian Springs Drive, Forsyth, Georgia, 31029.**

FIRE DEPARTMENT FIRE CHIEF

This must be signed by whomever the Fire Chief reports to, i.e., City Manager, County Commissioner, etc.

Print Fire Chief's Name _____

Fire Chief's Signature _____ Date _____

Authorization Signature _____

Title _____ Date _____

DEPARTMENT NAME, ADDRESS, AND PHONE NUMBER

Print Fire Department's Name _____

Print Fire Department's Address _____

Print Fire Department's City _____ State _____ Zip _____

Department Phone Number _____

Fire Chief's Signature _____ Date _____

AUTHORIZED SIGNATURE

The person(s) authorized by the Fire Chief to sign forms, reports, or other documents submitted to Firefighter Standards and Training.

Print Training Officer's Name _____

Training Officer's Signature _____

Print Designee Name _____

Designee Signature _____

Print Designee Name _____

Designee Signature _____

Fire Chief's Signature _____ Date _____